

2289

This certificate will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS		319	
COUNTY	<u>Yuma</u>	ORIGINAL CERTIFICATE OF DEATH	
DISTRICT	<u>Yuma</u>	TERRITORIAL INDEX NO. <u>342</u>	
TOWN	<u>Yuma</u>	COUNTY REGISTERED NO. <u>26</u>	
OR CITY	<u>Yuma</u>	ST. LOCAL REGISTRAR'S NO. _____	
FULL NAME <u>Ethel May Burton</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS.			
SEX <u>Female</u>	COLOR or RACE White <input type="checkbox"/> Black <input type="checkbox"/> Mexican <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/>	MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/>	
DATE OF BIRTH <u>April 25 1884</u> (Month) (Day) (Year)			
AGE <u>26</u> yrs. <u>9</u> mos. <u>5</u> days If less than 1 day, hrs., or min. <u>1 hr.</u>			
OCCUPATION (a) Trade, profession or particular kind of work. <u>House wife.</u> (b) General nature of industry, business, or establishment in which employed (or employer).			
BIRTHPLACE (State or country) <u>Decatur Co., Indiana.</u>			
NAME OF FATHER <u>Geo W. Clemmons.</u>			
BIRTHPLACE OF FATHER (State or country) <u>Indiana.</u>			
MAIDEN NAME OF MOTHER <u>Jennie Mc Connell.</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Indiana.</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Geo H. Burton</u> (Address) <u>Yuma Ariz</u>			
PLACE OF BURIAL OR REMOVAL <u>Decatur Co., Ind.</u>		DATE OF BURIAL OR REMOVAL <u>Feb. 20 1911</u>	
UNDERTAKER <u>O. C. Johnson</u>		ADDRESS <u>Yuma Ariz.</u>	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>January 31 1911</u> (Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>Jan 28th</u> 1911 to <u>Jan 31</u> 1911; that I last saw her alive on <u>Jan 31</u> 1911 and that death occurred on the date stated above at <u>One A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis With Hemorrhage.</u>			
(Duration) <u>2</u> yrs. <u>7</u> mos. <u>3</u> days			
Was disease contracted in Arizona? <u>no</u>			
If not, where? <u>Indiana</u>			
CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days			
(Signed) <u>R. H. Hutto</u> M. D. <u>Feb 1 1911</u> (Address) <u>Yuma Ariz.</u>			
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death _____ yrs. <u>2</u> mos. _____ ds. In Arizona _____ yrs. <u>4</u> mos. _____ ds.			
Former or Usual Residence <u>Krumbsburg Ind.</u>			
Filed <u>Feb 20</u> 1911 <u>W. C. Johnson</u> Local Registrar			
Filed <u>Feb 4</u> 1911 <u>E. B. Ketcherside</u> County Registrar			